

Case Number:	CM14-0160813		
Date Assigned:	10/06/2014	Date of Injury:	08/19/2009
Decision Date:	10/31/2014	UR Denial Date:	09/08/2014
Priority:	Standard	Application Received:	09/30/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

Injured worker is a male with date of injury 8/19/2009. Per primary treating physician's progress report dated 8/15/2014, the injured worker complains of continued low back pain with bilateral lower extremity radiating pain, numbness and tingling. Pain is rated at 6/10, and is the same since last exam. It is described as moderate, constant, sharp and burning. Examination of the lumbar spine revealed healed scars as prior. Tenderness to palpation with moderate spasm is present over the paravertebral musculature and lumbosacral junction. There is atrophy of the left thigh as prior. Straight leg raising test is positive elicits radicular symptoms to the bilateral feet along the L5 and S1 nerve roots. Range of motion of the lumbar spine is measured as flexion 20 degrees, extension 10 degrees, right side bending 8 degrees and left side bending 10 degrees. Diagnoses include 1) lumbar spine musculoligamentous sprain/strain and bilateral lower extremity radiculitis with L4-L5 and L5-S1 fusion with cages and L3-L4 three millimeter disc bulge with moderate lateral stenosis, status post spinal cord stimulator placement 2) thoracic musculoligamentous sprain/strain with two millimeter right disc protrusion and spondylosis at T70-T8 and T8-T9 with three millimeter extrusion/disc herniation at C6-C7.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Lunesta 3 mg, thirty count: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain Chapter, Insomnia section

Decision rationale: The MTUS Guidelines do not address pharmacological sleep aids. Per the Official Disability Guidelines, pharmacological agents should only be used for insomnia management after careful evaluation of potential causes of sleep disturbance. Failure of sleep disturbance to resolve in a 7 to 10 day period may indicate a psychiatric and/or medical illness. Primary insomnia is generally addressed pharmacologically whereas secondary insomnia may be treated with pharmacological and/or psychological measures. Medical necessity for this request has not been established within the recommendations of these guidelines. The request for Lunesta 3 mg, thirty count is determined to not be medically necessary.

One urine drug screen: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG), Pain (Chronic) Chapter

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Drug Testing section, Opioids Criteria for Use section, Page(s): 43, 77, 89.

Decision rationale: The use of urine drug screening is recommended as an option to assess for the use or the presence of illegal drugs. Urine drug screening may be considered prior to a trial of opioids. The use of urine drug screens may be required in an opioid pain agreement, for chronic use of opioid pain medications. This injured worker has chronically been treated with opioid pain medications. The claims administrator reports that the injured worker has already had two urine drug screen tests in 2014. Another periodic urine drug screen test is reasonable and consistent with the recommendations of the MTUS Guidelines. The request for One urine drug screen is determined to be medically necessary.